

PART B - FEE(S) TRANSMITTAL

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7590 12/10/2004

Scully, Scott, Murphy & Presser
400 Garden City Plaza
Garden City, NY 11530



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Thomas Spinelli	(Depositor's name)
	
January 31, 2005	
(Signature)	
(Date)	

02/04/2005 LWONDIM2 00000078 10085704

01 FC:1501	1400.00 DP
02 FC:1504	300.00 DP
03 FC:18004	APPLICATION NO.

FILING DATE	02/28/2002
DAE	DP

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/085,704

02/28/2002

Masahide Yamaki

15337

1516

TITLE OF INVENTION: A LIGHT SOURCE DEVICE FOR AN ENDOSCOPE USING A DMD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEUBECKER, JOHN P	3739	600-178000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Scully, Scott
Murphy & Presser
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

OLYMPUS CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 1 COPY

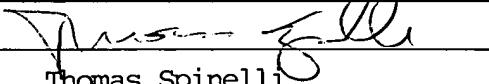
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1013/SSMP (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date January 31, 2005

Typed or printed name Thomas Spinelli

Registration No. 39,533

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